The Grafton Recreation Commission and Together We Can are sponsoring the

## 100-YARD DASH, HALF-MILE, AND ONE MILE FUN RUNS



Saturday, May 5, 2012 8:45 a.m. (5 Mile Gazebo Road Race at 9:30 a.m.) Grafton Memorial Senior High School Track Providence Road Grafton, Massachusetts

## Fun Run Registration Form

Tuli Kuli Kegistiauoli Tolili	
Please enter my child in the (check one)	☐ 100 Yard Dash for kids 5 and under ☐ One-Half Mile Run for kids 6 to 9 ☐ One Mile Run for kids 10 and over
Child's Name (please print clearly)	
Please return by April 20, 2012 to:	Recreation Office, Grafton Municipal Center 30 Providence Road, Grafton, MA, 01519
Or sign up to run the day of the ra	ace at the High School Track from 8:00 a.m. to 8:30 a.m.
RELEASE AND MEDICAL CONSENT	
the rules and policies of the Grafton Recreation Co	s form, a minor ("the registrant"), agree that I and the registrant will abide by mmission and its programs, including generally accepted standards of conduct, s, policies, and standards may result in expulsion from the program without a
	parent/guardian initials
consideration for accepting the registrant for partici- discharge, hold harmless, and indemnify the To- organizations and sponsors and respective offici- including, without limitation, the owners of the fiel	figury as a result of the registrant's participation in the program. Accordingly, in ipation in the program, on behalf of myself and the registrant, I hereby release, own of Grafton and the Grafton Recreation Commission, their affiliated ters, directors, employees, coaches, committees, and associated personnel, dds and facilities utilized for the program(s), of and from any claims, demands, is a result of the registrant's participation in the program(s).
	parent/guardian initials
I give my consent to seek, obtain, and provide emparticipating in Grafton Recreation Commission conditions are necessary to preserve life, limb, or w	A MINOR. As the parent or legal guardian of the minor named on this form, regency medical treatment for such minor in case of injury that occurs while programs and related activities. This care may be given under whatever well-being of such minor. I understand that such treatment will be sought and efforts will be made to contact me before providing such treatment.
Signature of Parent/Legal Guardian	
Date:	